

Statement by Mayor Bob Young, City of Augusta
CARES Commission Hearing
Atlanta, GA, August 28, 2003

Good afternoon. Mr. Chairman.

I would first like to thank you and the commission for this opportunity to provide input from the City of Augusta into the ongoing work of this commission.

I am here today as mayor of Georgia's second-largest city, and as a Vietnam veteran of the U. S. Air Force. I am also one of President Bush's appointees to the Advisory Council on Historic Preservation and will share some words in that regard later in this statement.

The report you will provide to the Secretary will have serious implications for the more than 48,000 veterans in the Augusta-Aiken metropolitan area for years to come.

The City of Augusta believes veterans will continue to locate in our city, because of the proximity to amenities offered at Fort Gordon, including the Dwight David Eisenhower Army Medical Center and large commissary, and the Veterans Administration medical centers. As a side note, we are currently working with the VA, U. S. Army and State of Georgia to establish a state veterans cemetery in our city.

We are thankful these veterans are choosing our community in which to live and raise their families. They contribute so much to the quality of life and intellectual capital in our city.

We strongly believe that our veterans deserve to have the finest of care and services close to where they live. Therefore, adequate health care within a reasonable distance is of Augusta is of utmost importance.

The Augusta VA Medical Center meets that challenge and plays an essential role in addressing the health care needs of veterans in our entire region. It should be the CARES Commission's mission to look for ways to build on the strong foundation that already exists at the Augusta center.

That is why we fully support the prompt activation of the Community Based Outpatient Clinics in Athens, GA and Aiken County, SC. They are necessary for the Department of Veterans Affairs to provide ready access to veterans in these high growth areas and are designated as Priority 1 by the National CARES plan. They should remain at the top of the list.

The CBOC's meet the goal for providing care close to home, and will be substantial feeders of patients into the medical center in Augusta. The Athens anticipates more than 9,000 enrollees in peak years, while the number in Aiken is more than 7,000 enrollees.

The City of Augusta is aware of current Augusta VA Medical Center plans to relocate primary care teams to the Uptown Division. We see this, along with the establishment of CBOCs, as a natural and efficient utilization of existing resources to provide for the growth in the number of veterans requiring primary care. This will also create additional clinic space at the Downtown Division for the increasing numbers of veterans requiring specialty care outpatient services.

The availability of the Uptown Division for such expansion makes both the Downtown and Uptown Divisions vital in the Department of Veterans Affairs mission in providing excellent care for veterans in both Georgia and South Carolina.

The population of veterans in the Augusta area requiring both outpatient and inpatient mental health service continues to

grow. This is noted in the CARES market planning initiatives.

The availability of the new facility at the Uptown Division to provide state of the art mental health services is a real plus for our veterans. We support proposals to convert existing outpatient space to an inpatient unit as an efficient use of the space at the Uptown Division. In fact, that would be using the space for which it was originally designed.

These plans for our local VA Medical Center are sound and based on market-driven research. We believe it is a prudent course of action.

The suggestion by the draft National CARES Plan that these mental health services could be relocated to the Downtown Division, other VA Medical Centers or contracted out is questionable. It makes absolutely no sense to close a facility that is providing quality care to our veterans, particularly closing a new structure, in order to relocate these services at great expense outside their primary care area to another VA Medical Center.

The Downtown Division is not designed to provide mental health services. Such a relocation of the Uptown Division services to the Downtown Division would have serious adverse impacts on acute medical and surgical care. It would also hamper efforts to expand the Spinal Cord Injury Unit that, according to the CARES plan, would require 26 additional beds in 2022.

To further suggest that these services could be contracted locally is also questionable. The availability of inpatient mental health beds in the Augusta community is minimal, and certainly does not meet the special mental health needs of America's veterans. The Augusta community does not have the capacity or the expertise to take on this large population of mental health and extended care patients.

With respect to expansion of the Spinal Cord Injury Unit, the Veterans Health Administration has designated the Augusta VA Medical Center's Spinal Cord Injury service as a Center of Excellence. The outstanding clinical staff of Augusta VA Medical Center's Spinal Cord Injury program serves veterans with spinal cord injuries from across the Southeast.

We recognize the increased numbers of veterans with spinal cord injuries requires these additional beds, and we recognize the need for new construction to provide these inpatient beds. We are most fortunate to have this special healthcare resource in the Augusta community and support expansion of this function.

Collaborations are important, and the Augusta VA Medical Center has tremendous collaborations on-going with both the Medical College of Georgia and the Dwight David Eisenhower Army Medical Center at Fort Gordon.

We recognize the importance the VA and Army medical centers have for both VA and DoD beneficiaries who reside in Augusta and the Central Savannah River Area. We recognize that these two facilities have a long-standing history of collaboration by consolidating and sharing scarce medical specialties in order to provide services in an efficient and cost-effective manner. This also negates the need for these patients to travel outside of the Augusta area for this care.

The City of Augusta is also very fortunate to have the State of Georgia's flagship medical school, the Medical College of Georgia, located in the City and in close proximity to VA. Veterans directly benefit from the medical and surgical services provided through MCG faculty and through the training of medical and surgical residents.

For example, all VA/DoD Neurosurgery accomplished at the Augusta VA utilizes Department of the Army Neurosurgeons and one DoD provided physician assistant. The VA provides the facility support and one VA provided physician assistant. MCG residents in Neurosurgery receive training from the Department of the Army Neurosurgeons.

Sadly, these relationships are not specifically recognized in the VA's report to this commission. I am attaching to my statement a three-page list, itemizing these relationships. In fact, the VA report to your board misidentified Eisenhower as

a Navy Hospital.

We support continued efforts by all three of these facilities to identify areas for collaboration.

The recommendation in the draft National CARES Market Plan that the Augusta VA Medical Center studies the possibility of relocating services from the Uptown Division to the Downtown Division fills us with much concern.

As I outlined in the beginning of my statement, the Augusta VA already has a plan. The future use of the Uptown Division has already been studied.

While the recommendation before you is that the Uptown Division remain “open”, the implied threat of relocating services from the Uptown Division to the Downtown Division or elsewhere does not appear to be logical.

We are aware, through media reports, that the Augusta VA Medical Center was asked to develop a scenario in which the Uptown Division could be converted to an 8-hour operation. This scenario included relocating mental health inpatients to the Columbia, South Carolina, VA Medical Center and moving Nursing Home Care patients to the Dublin, Georgia, VA Medical Center.

Both moves would require renovations of those two facilities at great expense to the taxpayer. It also places a tremendous burden on Augusta and Central Savannah River Area veterans and families by having to travel a significant distance for this particular care.

The response submitted by the Augusta VA clearly outlines the long-term disadvantages and costs associated with such a change in the mission of the Uptown Division.

Following submission of the 8-hour scenario, the Augusta VA Medical Center was then asked to submit a plan to relocate acute services from the Downtown Division to Eisenhower Army Medical Center and move services from the Uptown Division to the Downtown Division. Again, the disadvantages and long-term costs do not support this proposal.

The Uptown Division has been studied enough. The plans for the future that are already on the table are solid, reasonable, and in the best interest of your customers. But, let’s focus on the wording in the report that is before you today.

The report to the CARES Commission is a contradiction. It states:

“Augusta Uptown Division will remain open.”

Yet, the next line says just the opposite:

“Study the feasibility of realigning the campus footprint including the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division or other VAMCs and contracting with the community.”

Then comes a line of thought that clearly reveals the true motives of the VA planners and ignores the work that has already been done:

“The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility.”

Make no mistake. The City of Augusta wants to be an active partner involving any study of the Uptown Division of the VA Medical Center.

The point that should be noted here is that if all of these programs were located under one roof – on one campus, the CARES Commission would not even be considering this recommendation.

Why must Augusta veterans be punished because this city supports a two division medical center?

We are also concerned by the potential impact upon the Augusta economy should services at the Uptown Division be relocated to other VA facilities. We understand the salary and fringe benefits lost to Augusta would exceed \$15 million on an annual basis.

We, therefore, oppose any move by the Department of Veterans Affairs to minimize the operations of either division of the Augusta VA Medical Center.

It is our recommendation that the VA:

open the clinics in Athens and Aiken,

utilize space at the Uptown Division for additional inpatient mental health services and for relocation of selected primary care functions from the Downtown Division,

expand clinics at the Downtown Division and increase the capacity of the Spinal Cord Injury Unit

and, strengthen collaborations among VA, DoD and MCG.

Allow me to briefly assume my role as one of President Bush's appointees to the Advisory Council on Historic Preservation. The ACHP is an independent Federal agency that advises the President and Congress on historic preservation matters, and administers portions of the National Historic Preservation Act. It is also responsible for overseeing Federal implementation of a new Executive Order, E.O. 13287, "Preserve America," that was signed by the President on March 3, 2003.

Among Federal departments and agencies, the VA owns, leases, and operates one of the largest inventories of buildings in the Federal inventory, plus approximately 25,000 acres of land.

Many of the VA's holdings are historic, and are either designated National Historic Landmarks or are listed in the National Register of Historic Places. These holdings include more than 1,900 historic structures in 75 historic districts, 119 historically significant national cemeteries, and at least 32 known archaeological sites, as well as other heritage assets that include designed landscapes, works of art, historical collections, and archives.

About 40% of the facilities include historic districts listed in or eligible for the National Register of Historic Places. About another 40%, which were built from the late 1940s through the 1950s, has either recently reached or are approaching 50 years of age, the usual threshold for consideration of National Register eligibility.

The VA holds this important heritage in trust for the American people.

As far as I can discern, nowhere in the draft CARES plan, or in the planning process to date, are the Department of Veterans Affairs or the CARES Commission considering the impact of possible facilities closings, demolitions, property

transfers, infrastructure improvements, or other proposed changes on these historic and cultural resources.

While I am sympathetic to the need for the VA to improve its delivery of services to veterans, the Commission and the Department should ensure that the historic resources managed and controlled by the VA, and the effects of the CARES plan on them, are given full consideration during the planning process.

This is even more critical in light of the recent Executive Order. Among other things, the Order directs Federal agencies to improve their stewardship of historic resources, and seek partnerships with non-federal parties to use such resources in support of economic development and other needs.

In addition, the Department should immediately begin consultation with the Advisory Council on Historic Preservation to determine whether there are programmatic ways to address the impacts of the CARES process on its historic facilities.

I wish to thank the committee for its time and attention. And, thank the members and staff for their substantial efforts to improve healthcare for our nation's veterans and be good stewards of the taxpayers' resources.